


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # A02000000001 1. Entity Name CARTER FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 4010 CEDAR CAY CIR VALRICO, FL 33594	Mailing Address 4010 CEDAR CAY CIR VALRICO, FL 33594
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03202008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0556404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARTER, ROSS S 4010 CEDAR CAY CIR VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
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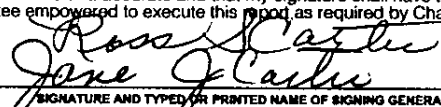
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P02000035221
NAME	CFLP, INC.
STREET ADDRESS	4010 CEDAR CAY CIR
CITY-ST-ZIP	VALRICO, FL 33594
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000943474
05/29/08-80062-002-500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **ROSS S. CARTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/28/08** Daytime Phone #: **813-685-2888**

STAPLE CHECK HERE